

**PART B - FEE(S) TRANSMITTAL**

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 12/31/2003  
**DARBY & DARBY P.C.**  
805 Third Avenue  
New York, NY 10022



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03/12/2004 SFELEKE2 00000076 09927285

01 FC:2501 665.00 OP  
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/927,285	08/10/2001	Jian-Qiang Fan	2420/1J672US2	6863

TITLE OF INVENTION: METHOD OF ENHANCING LYSOSOMAL ALPHA-GALACTOSIDASE A

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1330	\$300	\$1630 <b>665.00</b>	03/31/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HENRY, MICHAEL C	1623	514-315000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Darby & Darby

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Rec. 9/5/01 R/F: 012194/0182

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mount Sinai School of Medicine of New York University

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature) [Signature] (Date) 3/8/04  
S. Peter Ludwig Reg. No. 25,351  
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Date 3/8/04 Label No. 983946187US  
I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

[Signature]  
Name (Print) Signature

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